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CONFIRMATION NO. 1225

<b>SERIAL NUMBER</b> 10/553,364	<b>FILING or 371(c) DATE</b> 09/21/2006 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 4185	<b>ATTORNEY DOCKET NO.</b> 884B.0001.U1(US)		
<b>APPLICANTS</b> Peter Richard Smith, Leicestershire, UNITED KINGDOM; Olga Kusmartseva, Leicestershire, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/01714 04/16/2004 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0308771.5 04/16/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/19/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/BRIAN D WON/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> HARRINGTON & SMITH, PC 4 RESEARCH DRIVE, Suite 202 SHELTON, CT 06484-6212 UNITED STATES						
<b>TITLE</b> Device for pulmonary drug delivery						
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		